

**Instructions to Complete
Proof of Claim under Trust Fund Agreement
Clause One
Form P&SP-2210**

Any person(s)/firm that sells livestock through a livestock market, selling on commission (referred to as the Principal), that does not receive payment for said livestock has the right to submit a claim against the trust fund agreement of said Principal. This form may be used to submit a claim against the Principal's trust fund agreement.

Mail two copies of the completed notarized form with accompanying documentation, to the regional office of the Packers and Stockyards Programs as listed below. The states covered by each regional office are listed below its address. A copy should be retained for the complainant's files.

Regional Offices of the Packers and Stockyards Programs Grain Inspection, Packers and Stockyards Administration		
Atlanta Regional Office Suite 230 75 Spring Street Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 e-mail: PSPAtlantaGA.GIPSA@usda.gov	Denver Regional Office One Gateway Centre 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 e-mail: PSPDenverCO.GIPSA@usda.gov	Des Moines Regional Office Room 317 210 Walnut Street Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 e-mail: PSPDesMoinesIA.GIPSA@usda.gov
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, RI, SC, TN, VA, VT, WV	AK, AZ, CA, CO, HI, ID, KS, MT, NE, NM, NV, OK, OR, TX, UT, WA, WY	IA, IL, IN, KY, OH, MI, MO, MN, ND, SD, WI

If you have questions regarding completion of any portion of the trust fund agreement claim form, please contact the Regional Office that covers the state where you reside for assistance.

In most instances, the regional office of the Packers and Stockyards Programs will complete line numbers 6, 7, 8, 10, and 11. This is not a requirement, and the claimant may complete those items of the form.

The claimant(s) must complete line numbers 1, 2, 3, 4, 5, 9, 12, 13, and 14, and must sign line 15.

A NOTARY PUBLIC must complete line numbers 16, 18, 19 and 20, and sign line 17.

Line No.	Subject	Instruction
1.	State	Enter the state where you live.
2.	County	Enter the county where you live.
3.	Full Name of Claimant	Enter your name or your firm's name, respectively, as the person(s)/firm making claim against the Principal's trust fund agreement.
4.	City	Enter the city where you live.
5.	State	Enter the state where you live.
6.	Name of Trustee	Enter the trustee's name as listed on the trust fund agreement on file with the Packers and Stockyards Programs. If you do not know the name of the trustee, this information may be obtained from the regional office of the Packers and Stockyards Programs that covers your state.

Line No.	Subject	Instruction
7.	Depository	Enter the name and address of the bank or other institution where the Principal has deposited the funds pledged to the trust fund agreement. If you do not know the name of the depository, this information may be obtained from the regional office of the Packers and Stockyards Programs that covers your state.
8.	Full Name and Address of Principal Named in Trust Fund Agreement	Enter the name of the Principal, as listed on the trust fund agreement form. Include the Principal's full address. The Principal is also known as the "Selling Agency Registrant." If you do not know the name of the Principal, this information may be obtained from the regional office of the Packers and Stockyards Programs that covers your state.
9.	Amount of Claim	Enter the amount you are claiming against the Principal's trust fund agreement. Be reminded that you may only file your claim for the amount of livestock sold, or other lawful charges, as allowed by 9 CFR 201.33 issued under the Packers and Stockyards Act, 1921, as amended and supplemented.
10.	Full Name and Address of Selling Agency Registrant	Enter the full name and address of the selling agency where the livestock was sold. In many cases, this will be the same information as in Item 8.
11.	Name of Selling Agency Registrant	Enter the name of the selling agency that sold the livestock. This will be the same information as Item 10.
12.	Date of Sale, Number of Head, Description of Livestock, Amount	Using the invoice(s) provided by the selling agency, enter each of the date(s) the livestock was sold, the number of head sold, what type of livestock was sold, and the amount the livestock was sold for.
13.	Name of Selling Agency Registrant	Enter the name of the selling agency that sold the livestock. This will be the same information as Item 10.
14.	Statement of Facts	Attach copies of the account of sale and/or other documents covering the livestock transaction, copies of checks issued and unpaid for the livestock, and other instruments indicating the consignment of the livestock. If the documents for the transaction(s) are incomplete or unavailable, enter a statement of facts of the transaction(s).
15.	Signature and Title of Claimant	Sign the claim and enter your title, if applicable.
A Notary Public must complete Items 16, 17, 18, 19 and 20.		
16.	Subscribed and Sworn...	Enter the date, month, and year the Notary signed the claim form.
17.	Signature	The Notary must sign line 17.
18.	Notary Public for the State of	Enter the state where the Notary is licensed.
19.	Residing at	Enter the city where the Notary lives.
20.	My Commission expires	Enter the date the Notary's commission expires.

THIS CLAIM MUST BE NOTARIZED BEFORE SUBMITTING TO THE DEPUTY ADMINISTRATOR, PACKERS AND STOCKYARDS PROGRAMS.